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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005135 (6)**

1. Corporation Name

PROFNET OF WEST BROWARD INC.

Principal Place of Business

Mailing Address

**4801 S. UNIVERSITY DRIVE
SUITE 303 WEST
FORT LAUDERDALE FL 33328**

**4801 S. UNIVERSITY DRIVE
SUITE 303 WEST
FORT LAUDERDALE FL 33328**

3. Date Incorporated or Qualified

10/03/1996

4. FEI Number

65-0696687

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

7771 W. OAK BLVD

7771 W. OAK BLVD

Suite, Apt. #, etc. **STE 147**

Suite, Apt. #, etc. **STE 147**

City & State **SUNRISE FL**

City & State **SUNRISE FL**

Zip **33351** Country **USA**

Zip **33351** Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEHREN, SCOTT M ESQ.
1221 BRICKELL AVENUE
SUITE 1780
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **MCCLELLAN, SUSAN**
STREET ADDRESS **8355 N.W. 6TH STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **MEDINA, HECTOR**
STREET ADDRESS **2871 N.W. 92ND AVENUE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **COLE, ROBERT D**
STREET ADDRESS **9847 N.W. 48TH CT.**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **KARAKO, JACK M**
STREET ADDRESS **9541 N.W. 18TH MANOR**
CITY-ST-ZIP **PLANTATION FL 33322**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **SD SHEILA TOBIER**
4.3 STREET ADDRESS **4584 N HIATUS RD**
4.4 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☒ DELETE
NAME **SELINGER, RON**
STREET ADDRESS **8983 W. SUNRISE BLVD.**
CITY-ST-ZIP **PLANTATION FL 33322**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BEHREN, SCOTT M**
STREET ADDRESS **9908 N.W. 2ND STREET**
CITY-ST-ZIP **PLANTATION FL 33324**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert D. Selinger REQUIRED

4/8/98

954-571-7171

CR2E037 (10/97)